

# **OFFICE OF THE INSPECTOR GENERAL**

**DMHMRSAS**

## **SNAPSHOT INSPECTION**

**COMMONWEALTH CENTER FOR CHILDREN AND ADOLESCENTS**

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**INSPECTOR GENERAL**

## **OIG REPORT # 71-02**

<b>Facility:</b>	Commonwealth Center for Children and Adolescents Staunton, Virginia
<b>Date:</b>	November 19-20, 2002
<b>Type of Inspection:</b>	Snapshot Inspection / Unannounced
<b>Reviewers:</b>	Anita Everett, MD

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## **EXECUTIVE SUMMARY**

A Snapshot Inspection was conducted at Commonwealth Center for Children and Adolescents (CCCA) in Staunton, Virginia on November 19-20, 2002. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and activity of patients.

CCCA is the only state facility solely dedicated to the evaluation and treatment of persons under the age of eighteen. CCCA also serves the Commonwealth by conducting inpatient 10-day court ordered evaluations of children. The facility has a capacity of 48 beds.

Overall, the facility was noted to be safe, clean and provides a comfortable environment. There are four units, two designed for children's programming and two for adolescents. All units are co-ed, though a nursing station separates the rooms that are occupied by one gender from the other. Patients do co-mingle in common areas but are prohibited from entering opposite sex bedroom or bathroom areas. Bedroom areas were generally messy and unkempt. Staff explained that patients are encouraged to maintain their bedrooms but this is limited due to human rights concerns.

Staffing patterns were appropriate on the evening of this inspection. There were adequate numbers of staff present to safely and appropriately supervise these patients. CCCA operates 48 beds; the total census during the inspection was 35. Recreational therapist were present on each unit providing structured activities. A majority of patients were involved in these activities. For those who were not involved, it was generally due to clinical instability.

Behavioral principles are integrated in the unit management system. Unit psychologists have completed additional training in Cognitive-Behavioral Therapy and utilized this technique, which has been identified as effective with certain short-term treatment clients.

**UNIT OR BUILDING:** Members of the inspection team conducted tours of all four units within the facility.

**TIME OF THE INSPECTION:** Tours were conducted in the evening and also the following morning on each unit.

## PART I: STAFFING ISSUES

<b>1. Number of staff scheduled for this shift for this unit?</b>	<p><b>Second Shift Tour:</b></p> <p>Unit 1    6 patients and 2 DSA, 1RN</p> <p>Unit 2    8 patients and 4 DSA, 1RN</p> <p>Unit 3    11 patients and 3 DSA, (4 after 6:00 p.m.), and 1 RN staff</p> <p>Unit 4    10 patients and 4 DSA, 1 RN</p> <p><b>First Shift Tour:</b></p> <p>Unit 1    6 patients and 3 DSA, 1RN</p> <p>Unit 2    8 patients and 4 DSA, 1 RN (1 P-14 during school hours)</p> <p>Unit 3    11 patients and 4 DSA, 1 RN staff</p> <p>Unit 4    9 patients and 5 DSA, 1 RN</p>
<b>2. Number of staff present on the unit?</b>	Observations revealed that staff presence was as noted above.
<b>3. Number of staff doing overtime during this shift or scheduled to be held over?</b>	Interviews indicated there was one staff member working overtime during the evening shift.
<b>4. Number of staff not present due absence because of workman's compensation injury?</b>	Interviews indicated there were not any staff members absent due to a workman's compensation injury
<b>5. Number of staff members responsible for one-to-one coverage during this shift?</b>	<p><b>Second Shift Tour:</b></p> <p>Unit 1 – 1</p>

	Unit 2 – 1  Unit 3 - None  Unit 4 - None  <b>First Shift Tour:</b>  Unit 1 - None  Unit 2 – 3  Unit 3 – 2  Unit 4 - None
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6.Are there other staff members present on the unit? If so, please list by positions?

During the evening shift, it was noted that a recreational therapist was present on each unit in order to conduct evening active treatment programming. Each unit supervisor or Program Director was also present.

Additional comments regarding staff:

Staff interviewed described the role of behavioral management in the facility as it was related to unit rules and expectations. Staff members felt that there could be increased efforts by the facility to require that patients to assume greater responsibility for maintaining the residential areas, particularly bedrooms by expecting them to make their beds, pick up their clothes and keeping the rooms generally neat and organized.

***OIG Finding 1.1:***

***Overall, staffing patterns were consistent with facility expectations.***

***OIG Recommendation:***

***None. This facility has had the good fortune to be able to attract many individuals with at least a Bachelor's Degree in the position of direct care assistants. It is often difficult***

*for facilities to be able to maintain staff with this level of education within these positions because of the nature of the work and the associated compensation. The Commonwealth Center provides staff with opportunities to increase both their experience and knowledge base, which enables them to enhance their skills.*

DMHMRSAS Response: DMHMRSAS appreciates the OIG's recognition of CCCA's effort to attract the best-qualified individuals available for all staff vacancies.

## **PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS**

**1. Bed capacity for the unit:** This facility is divided into two programs. The Children's Program comprises two 12-bed units designed to meet the needs of children under the age of thirteen. The Adolescent Program, also two 12-bed units, typically serves patients fourteen and over.

**2. Census at the time of the review:** CCCA operates 48 beds; the total census during the inspection was 35.

### **3. Number of patients/residents on special hospitalization status**

Interviews with program and nursing staff vindicated that there were not any patients at this facility away on special hospitalization status during the course of the inspection.

### **4. Number of patients/residents on special precautions?**

Interviews indicated that there were not any patients on the units described as being on special precautions status.

5. Number of patients/residents on 1 to 1?

### **Second Shift Tour:**

Unit 1 – 1 patient

Unit 2 – 1 patient

Unit 3 - None

Unit 4 - None

### **First Shift Tour:**

Unit 1 - None

Unit 2 – 3 patients

Unit 3 – 2 patients

Unit 4 - None

6. Identify the activities of the patients/residents?

Inspection staff toured the units during the first shift (day) and second shift (evening). During the first shift patients were primarily in school, staffed by teachers from the Staunton school system. Out of the 35, 29 attended the school program. On Unit 3, there were five patients that refused school and one patient on Unit 4. These patients lost points for the day that ultimately reduced their privilege status.

On the evening shift, patients were offered a variety of activities, depending on the unit and skill level. All were therapeutic in nature ranging but focusing on developing social skills. The activities were hosted in the gym and on units.

7. What scheduled activities are available for patients/residents during this shift?

Inspection staff was able to tour the facility during the evening hours and school hours to collect information regarding patient activity. Interviews with patients and staff revealed that during the day, most clients attend the school program that extends throughout the bulk of the day and helps to keep clients current with educational curriculum. Members of the City of Staunton school system staff this program. Staff clearly worked to meet the needs of the patients outside of the standard educational programming; this was done through one on one involvement or through the addition of curriculum designed to meet the various ages of the clients.

Active treatment activities occur during the late afternoon and evening hours. Each unit has a Recreational Therapist to facilitate parts of the treatment. A new activity that has begun within CCCA is substance use/abuse treatment group that meets three times a week. This group has been more popular than expected and provides an opportunity for clients to share and learn from those who deal with similar issues.

During the inspection, the facility was promoting the “Great American Smoke Out” and was having a large assembly to encourage clients to adopt healthier habits including smoking cessation. Other examples of groups that were offered in the evening included: Physical Recreation, Aspects of Daily Living; Self Awareness; Relationship Issues; and Team Building. There were also small groups that focused individual issues of relating to one another, through games.

8. Are smoke breaks posted?

Smoking is prohibited for the patients at this facility. Currently it is the policy of the facility for smoking to occur in vehicles only.

9. Do patients/residents have opportunities for off-ground activities?

Please identify?

The day is also a time for those clients that can, to go on fieldtrips, some to lunch, to the mall or other retail store, or to a barbershop or salon. These fieldtrips are designed to help the client reintegrate into the community successfully after discharge.

10. As appropriate, do patients/residents have opportunities for snacks?

Snacks are offered on all units twice a day, once after school and a second time in the evening between dinner and bedtime.

11. Other comments regarding patient activities: None

***OIG Finding 2.1:***

***CCCA provides opportunities for the patients to maintain their educational status as well as participate in active treatment***

***OIG Recommendation: None.***

**This facility has completed a number of refinements to the provision of active treatment. Most notable has been the introduction of more formalized and structured psycho-educational substance use and abuse programming. As noted during the follow-up reviews conducted during this inspection, this service has become an integral part of active treatment programming. CCCA has been able to hire an additional staff member to conduct groups. Active programming remains primarily unit-based, which is different than active treatment provision at the other facilities, but this is a function primarily of the population served by the facility.**

**DMHMRSAS Response:** CCCA will continue to develop active treatment based on needs of clients including the provision of education regarding substance abuse for clients who have been assessed to be in need of this education.

**PART III: ENVIRONMENTAL ISSUES**

<b>AREA OF REVIEW:</b>	<b>Comments and Observations</b>
Common Areas	

1. The common areas are clean and well maintained.	Inspection tours revealed that overall; the common areas on each unit were clean and well maintained.
2. Furniture is adequate to meet the needs and number of patients/residents.	Inspection tours demonstrated that each unit had adequate and well-maintained furniture for the census on each unit.
3. Furniture is maintained and free from tears.	Inspection tours demonstrated that each unit had adequate and well-maintained furniture for the census on each unit.
4. Curtains are provided when privacy is an issue.	Inspection tours revealed that privacy is protected throughout all units in the facility.
5. Clocks are available and time is accurate.	Inspection tours confirmed that clocks were centrally located and displayed the correct time.

6. Notification on contacting the human rights advocate are posted.	Inspection tours confirmed that posters regarding how to contact human rights advocates were centrally located.
7. There is evidence that the facility is working towards creating a more home-like setting.	Inspection tours demonstrated that the facility is working towards a more homelike setting, by posting artwork in the common areas and encouraging the patients to decorate rooms.



8. Temperatures are seasonally appropriate.	Inspection tours confirmed that the temperature on each unit was comfortable and seasonally appropriate.
9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.	Inspection tours confirmed that each unit has a designated area located off the common area for family visits. The facility has a common practice of keeping visiting hours open at all times.
10. Patients/residents have access to telephones, writing materials and literature.	Inspection interviews with staff revealed that patients have open access to telephones and writing materials.
11. Hallways and doors are not blocked or cluttered.	Inspection tours revealed that hallways and doors are not cluttered and blocked.
12. Egress routes are clearly marked.	Inspection tours revealed that all egress routes are clearly marked.
13. Patients/residents are aware of what procedures to follow in the event of a fire.	Informal questions asked of patients by Inspection staff confirmed that patients are aware of procedures to following the event of a fire.

14. Fire drills are conducted routinely and across shifts.	Inspection interviews revealed that fire drills are conducted monthly.
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Bedrooms	Comments and Observations
1. Bedrooms are clean, comfortable and well-maintained.	Inspection tours revealed that On all the units, it was observed that a number of bedrooms were not maintained in an orderly manner; beds were unmade, clothing was on the floor, desk areas were cluttered with personal effects. Staff indicated that there was a focus with the patients on straightening up the rooms during specific times throughout the week, depending upon the unit. Staff interviewed also related that patients are encouraged to maintain their rooms but this is not enforced due to human rights issues.
2. Bedrooms are furnished with a mattress, sheets, blankets and pillow.	Inspection tours and interviews revealed that the bedrooms are furnished with a mattress, sheets, blankets and a pillow. There is a linen closet on each unit if extra linens are needed.

3. Curtains or other coverings are provided for privacy.	Inspection tours revealed that privacy is protected using blinds on all windows in the facility.	
4. Bedrooms are free of hazards such as dangling blind chords, etc.	Inspection tours revealed that all windows are covered with vertical blinds that are inside of the windowpane and are controlled by a switch not a cord.	
5. Patients/residents are able to obtain extra covers.	Inspection tours and interviews revealed that, there is a linen closet on each unit if extra linens are needed.	
6. Patients/residents are afforded opportunities to personalize their rooms.	Inspection tours revealed that patients are afforded the opportunity to post artwork in their room, many patients had taken advantage of this opportunity.	
<b>Seclusion Rooms</b>	<b>Comments and Observations</b>	
1. Seclusion and/or time out rooms are clean.	Inspection tours revealed that all seclusion rooms were clean.	
2. Seclusion and/or time out rooms allow for constant observations.	Inspection tours revealed that the seclusion rooms allowed for constant observation.	

3. Bathrooms are located close to the seclusion or time-out areas.	Inspection tours revealed that on all units bathrooms were adjacent to the seclusion room.	
<b>Bathrooms</b>	<b>Comments and Observations</b>	
1. Bathrooms were clean and well maintained	Inspection tours reveal that on at least one bathroom in Units 2, 3 and 4 towels were left on the floor, washcloths lying in the tub and hygiene supplies left in the tub and counter areas.	
2. Bathrooms were noted to be odor free.	Inspections tours revealed that all bathrooms were odor free.	
3. Bathrooms were free of hazardous conditions.	Inspection tours revealed that bathrooms on Unit 2 and 3 had potentially hazardous hygiene products left out on counter tops.	
<b>Buildings and Grounds</b>	<b>Comments and Observations</b>	
1. Pathways are well-lit and free of hazardous conditions.	Inspection tours revealed that all pathways were lit and free from hazardous.	

2. Buildings are identified and visitor procedures for entry posted.	The Inspection team encountered a locked lobby/receiving areas when entering the facility that controls the flow of visitors. All visitors must sign in at this point and be met by an escort.	
3. Grounds are maintained.	Inspection tours revealed that the facility grounds are well maintained.	
4. There are designated smoking areas with times posted.	Smoking is prohibited for the patients at this facility. Currently it is the policy of the facility for smoking to occur in vehicles only.	
5. Patients/residents have opportunities to be outside.	Inspection interviews with staff revealed that patients are allowed to go outside, escorted, weather permitting throughout the whole year.	

***OIG Finding 3.1:***

***Overall, the facility was clean, comfortable and well maintained. Efforts at making this setting appear more home-like were noted.***

***OIG Recommendation:***

***Review staff's understand that patients are not required to maintain their bedrooms in an orderly fashion due to human rights issues. This was addressed during a previous OIG inspection and follow-up. It was indicated in the plan of correction that the facility would clarify expectations that all patients would be held accountable for maintaining their bedrooms as part of the unit expectations.***

**DMHMRSAS Response:** CCCA will establish unit expectation that individual patients have responsibility for maintaining their bedroom areas in a responsible manner based on their physical and mental abilities to do so.

#### **PART IV: APPLICATION OF PRINCIPLES OF BEHAVIORAL MANAGEMENT**

This facility is divided into two programs. The Children's Program comprises two 12-bed units designed to meet the needs of children under the age of thirteen. The Adolescent Program, also two 12-bed units, typically serves patients fourteen and over.

Unit management is based on principles of behavioral management, which are designed to create new conditions for learning and eliminate or reduce undesired behaviors. This includes the use of unit rules and a point system including the provision of rewards for the successful completion of specific target behaviors.

The Adolescent Programming seeks to target individualized behaviors as identified by the treatment team for inclusion in the unit behavioral management system so patients are consistently exposed to opportunities for actively dealing with individually identified barriers to discharge.

Psychologists are currently the designated clinical directors on each of the units and serve as primary therapists for the patients and their families. CCCA has facilitated the certification of the psychologists in Cognitive-Behavioral Therapy at the Beck Institute. This form of therapy is often referred to as collaboration empiricism in that it is founded on a collaborative relationship between the client and the therapist that seeks to gather information and test hypothesis regarding the client's beliefs and assumptions. The primary goal is to then modify dysfunctional beliefs and assumptions that support the maintenance of maladaptive behaviors and emotions. Behavioral strategies can include behavioral rehearsal, homework assignments and relaxation training. Cognitive strategies involve techniques such as replacement imagery, questioning the evidence and the downward arrow ("If so, then what?"). This treatment is viewed as useful in this setting as it is usually a short-term treatment modality often averaging 12 to 15 sessions. Psychological assessment include a determination of each individual's appropriateness for participating in cognitive-behavioral therapy.

These techniques are often used in family therapy by actively reviewing and challenging the family system's beliefs and assumptions as well as the patterns of behaviors associated with the beliefs. Other useful techniques could include increasing the family's communication skills, active parenting techniques and problem solving.

Informal behavioral plans are developed for brief interventions when the team wants to increase the strengthening of target behaviors through the development of person specific reinforcements. For example, the facility had a patient who had difficulties at bedtime. The difficulties were clearly outlined and a nighttime plan was developed to help her

work with staff in order to experience a happier and more successful bedtime. This plan was developed to assist the patient in adapting to the environment.

***OIG Finding 4.1: Behavioral Programming at CCCA is primarily integrated within the unit management system.***

***OIG Recommendation: None.***